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appropriate. All further indicated unless correcte maintenance fee notifical	ed below or directed oth	g the Patent, advance or erwise in Block I, by (a	i) specifying a new corre	maintenance fees will be a espondence address; and/or	(b) mulcating a separ	ate TEE ADDRESS to
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23644	7590 01/17/	2008	Certificate of Mailing or Transmission			
BARNES & THORNBURG LLP P.O. BOX 2786 CHICAGO, IL 60690-2786				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
			Γ			(Depositor's name)
				. (Signature)		
		•				(Datc)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/596,911 06/28/2006 Xiaohua Chen Simerly 926556-103641 2139 TITLE OF INVENTION: SAFETY BELT WHICH DOESN'T KEEP CLOSE TO BODY (4430 - 105374-45)						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/17/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS	7		
FLEMING, FAYE M		3616	180-268000	_		
CFR 1.363). Change of corresp Address form PTO/S1 "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.		nge of Correspondence Indication form ed. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) Issue Fee	are submitted:	41	 D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Whe Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-0920 (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than	the applicant; a registered	attorney or agent; or th	e assignee or other party in
Authorized Signature Date Date Date						
Typed or printed name	James B.	Conte	·	Registration No.	•	
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